

# Flexible Benefits Account Worksheet

## Your Eligible Expenses

### 1. Eligible health care expenses

\$ \_\_\_\_\_

- Deductibles, Co-payments
- Out-of-pocket costs for expenses that will not be covered under any health plan or are subject to coinsurance cost sharing:
  - Hospital expenses
  - Physician expenses
  - Dental expenses
  - Vision and eye care, i.e., exams, glasses, contacts, radial keratotomies
  - Hearing expenses, i.e., exams, hearing aids
  - Physical examinations, i.e., annual checkups, school exams
  - Psychiatric counseling
  - Chiropractic and acupuncture treatment
  - Prescription drugs, insulin, contraceptives
  - Medical expenses for the mentally and physically handicapped
  - Drug or alcohol treatment
  - Other health care-related expenses

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Estimated Eligible Health Care Expenses

\$ \_\_\_\_\_

### 2. Eligible Dependent Care Expenses

Estimate the total amount you pay during the year for dependent care expenses. Then enter how much of that amount you want to redirect into the Dependent Care account. (Be sure the amount you redirect does not exceed your plan maximum.)

Estimated Dependent Care Expenses

\$ \_\_\_\_\_

Plus Health Care Expenses

### 3. Add total of items 1 & 2 to determine you total annual deposit to Flexible Benefits Account (subject to plan maximums)

\$ \_\_\_\_\_

Your payroll administrator will calculate your pre-tax deduction per paycheck for health care and dependent care expenses.